

**Online Supplement: International Institute for Mental Health Leadership Learning Exchange
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Online Supplement : Self-Direction Efforts Represented at the International Institute for Mental Health Leadership Learning Exchange

Country or U.S. State	Name, Dates Active, Website	Eligibility Criteria	Budget Setting & Scope	Role of Peers	Funding	Planning Approach
England	<p>Personal Health Budgets</p> <p>Piloted between 2009 and 2012 with wider rollout from April 2015</p> <p>www.england.nhs.uk/healthbudgets</p>	<p>Individuals with long term conditions, but exact eligibility is decided locally</p>	<ul style="list-style-type: none"> Excludes inpatient or crisis care, but can include clinical services Budget-setting varies by site Nationally excluded items: alcohol, cigarettes, gambling, illegal drugs and debt repayment. Local areas can set additional criteria Budgets paid directly to the individual, to a third party, or the local commissioning organization 	<ul style="list-style-type: none"> A national peer network informed the pilot and subsequent national policy Where established, local peer networks can provide feedback on the development of personal health budgets Many local areas use user-led organizations to provide brokerage and care planning support 	<p>National Health Service funds via local authorities using a combination of reappropriating existing spending (in the case of fee-for-service services) and providing additional funds when they cannot be reappropriated (in the case of services and supports that are block-purchased based on expected volume).</p>	<ul style="list-style-type: none"> No single approach to planning A spending plan is developed based on the plan, and a clinical professional and finance professional both sign off
England	<p>Integrated Personal Commissioning Programme</p> <p>2014 – 2019</p> <p>www.england.nhs.uk/commissioning/ipc</p>	<p>Eligibility varies by site, involving children and young people with complex needs; people with multiple long-term conditions; people with learning disabilities with high support needs; and people with significant mental health needs who use high levels of unplanned care</p>	<ul style="list-style-type: none"> Guidelines are the same as for Personal Health Budgets Integrates social care and health budgets so that participants have one single personal budget 	<p>Varies by site</p>	<p>Trying to develop new approaches to funding, such as capitated budgets, which will allow personal health budgets to be funded from within existing National Health Service spending</p>	<ul style="list-style-type: none"> Intended to be a central feature for creating more personalized care No single approach is prescribed

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Australia	National Disability Insurance Scheme (NDIS) 2013 to present www.ndis.gov.au	Legislation indicates age, residence, disability, and early intervention requirements.	Budgets required to be “reasonable and necessary” in accordance with legislation and use of NDIS funds prescribed within NDIS rules	None specified	Federal funding allocated as individual budgets	Legislation indicates options for participant plan management
Scotland	Social Care (Self-Directed Support) (Scotland) Act 2013 2013 to present www.selfdirectedsupportscotland.org.uk/	People who are eligible for social care are offered a range of choices over how they receive their social care and support	<ul style="list-style-type: none"> • A Resource Allocation System assesses support needs and indicates a personal budget • People can either manage their own budget and supports; choose who provides support with the Local Authority organizing and managing; allow the Local Authority to make all decisions; or use some blend of these options 	None specified, although legislation includes core values of empowerment and principles of co-production, collaboration, involvement and participation.	Local Authority Funding if eligible for social care	<ul style="list-style-type: none"> • Includes person-centered planning • Varies from organization to organization
Florida	Florida Self-Directed Care (FloridaSDC) Circuit 4	<ul style="list-style-type: none"> • Adults age 18 or older with serious and persistent mental illness designation • Additional requirements 	<ul style="list-style-type: none"> • A fixed uniform quarterly budget is used to purchase traditional and non-traditional mental health services and goods 	<ul style="list-style-type: none"> • Participants compose at least 51% of Advisory Council • Peers have been employed as support brokers, 	State general revenue dollars administered by the managing entity in each program area	<ul style="list-style-type: none"> • Support brokers assist participants in developing a person-centered plan, which is updated every three months

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	FloridaSDC 2002 to present http://www.floridafdc.com Circuit 20 FloridaSDC 2005 to present http://www.flfdc.org	related to eligibility for public disability benefits, income, legal competency status, and residency in program areas	<ul style="list-style-type: none"> Participants without Medicaid or Medicare receive additional funds that can only be used for traditional mental health services 	but lived experience is not a requirement for position		
Michigan	Self-Determination Arrangements 2003 to present http://www.michigan.gov/mdhhs/0,5885,7-339-71550_2941_4868_4900-264686--,00.html	Adults age 18 or older funded by Medicaid	Budget expenditures must meet the requirements of medical necessity defined as community inclusion and participation, independence and productivity	<ul style="list-style-type: none"> Certified Peer Support Specialists serve as Independent Support Brokers Participants have chosen to directly hire peer specialists as part of the person-centered planning process 	Medicaid Managed Care and Specialty Services 1915 (b)(c) Waiver Authority	An Individual Plan of Service is completed with an Independent Support Broker using a person-centered planning process
New York	Name to be determined Anticipated 2016	Adults funded by Medicaid with a serious mental illness diagnosis and threshold score on functional assessment	<ul style="list-style-type: none"> To be determined Budget will likely be based on the home and community-based services included in a Plan of Care 	Preference for peers to function as a support broker, but not a requirement	Medicaid 1115 Waiver Authority	<ul style="list-style-type: none"> A person-centered planning process will be required Training to be developed

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Pennsylvania	Consumer Recovery Investment Fund (CRIF) 2009 to present	<ul style="list-style-type: none"> Adults aged 18-65 funded by Medicaid with 295 or 296 DSM IV-R diagnoses Additional requirements related to past utilization of behavioral health services, legal competency status, and consent to treatment and evaluation 	<ul style="list-style-type: none"> Budget is based on historical use and includes psychiatric rehabilitation services, Medicaid outpatient mental health services, and approved alternative goods and services Support brokerage funds are drawn from the budget, billed as "Peer Specialist Support" 	Support brokers are trained and certified Peer Specialists specially trained in self-directed care	Reinvestment funds from a Managed Care Organization, Magellan Behavioral Health of Pennsylvania	The Recovery Plan is the result of a person-centered process in which goods and services that best meet the consumer's needs, goals and preferences are selected
Texas	Texas Self-Directed Care Study 2-year randomized trial, 2009 - 2013	Adult members of a managed behavioral health plan in the Dallas area with serious mental illness who were receiving traditional mental health outpatient services	Annual budget of \$4,000 to \$7,000 per person based on historical service use	<ul style="list-style-type: none"> Peers were involved in project planning and staffing, served on the advisory board, and worked on the research Half of all support brokers were peers Participants purchased peer services 	"Braided" funding sources under the managed care plan included Medicaid dollars, state general revenue, federal transformation grant dollars, federal mental health block grant dollars, and local funds	Participants developed person-centered recovery plans with the assistance of advisors, and individualized budgets were based on the recovery plans
Texas	Wellness Incentives and Navigation (WIN) Study Randomized trial currently	Adult members of an integrated Medicaid managed care plan in the Harris service delivery area with serious mental illness or with a combination of behavioral and	<ul style="list-style-type: none"> Flexible wellness accounts of \$1,150 per person per year enable participants to purchase goods and services not available through the traditional 	<ul style="list-style-type: none"> Wellness Recovery Action Planning (WRAP), a peer-led intervention, was offered to all WIN intervention group participants 	Federal Medicaid Incentives for Prevention of Chronic Disease (MIPCD) grant	Participants developed person-centered recovery plans with the assistance of health navigators; individualized budgets were based

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	underway, 2011 - 2015	chronic physical conditions	Medicaid system	<ul style="list-style-type: none"> Individuals could purchase peer services 		on their wellness plans
Utah	Mental Health – Access to Recovery (MH-ATR) 2014 to present	<ul style="list-style-type: none"> Medicaid-funded or Unfunded; Income less than \$32,000/year; At least 13 years of age; and located in Salt Lake County (now expanding to other counties around the State) 	<ul style="list-style-type: none"> Fixed budget started at \$1200 and was increased to \$2000 per person Includes traditional mental health and substance abuse treatment services (for unfunded clients), peer support services, and non-traditional goods and services to support recovery 	Peers have formal program role, but state leadership has increasingly emphasized the importance of peer roles throughout the behavioral health system	<ul style="list-style-type: none"> Initial funding from the SAMHSA Transformation Transfer Initiative, with additional funding from mental health block grant and Temporary Assistance for Needy Families (TAN-F) funds Funding passed directly through to the local mental health authority 	Participants work with support brokers to identify needs and goals and allocate funds based on those goals
Virginia	Social Self Directed Care	Individuals with schizophrenia receiving Assertive Community Treatment (ACT)	A small fixed budget per person used for social activities based upon goal setting and action plans	All support brokers are Certified Peer Specialists, and the program was designed and implemented by a peer	Grant funding and funds from a trust set up with Mental Health America for schizophrenia research and programming	Each individual identified social and relationship goals, and developed action plans to achieve those goals, and then created a budget with assistance of a support broker as needed

